



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

THE SEATING OF AN AUDIENCE

DEAR EDITOR: Not long ago, while in conversation with one who frequently speaks in public, comment was made about the relation of audiences to speakers, and particularly in reference to the manner in which an audience may be seated, and it occurs to me that some of the ideas may well be called to the attention of nurses. It was my privilege to attend the convention in New Orleans and I was much impressed by the prompt manner in which front seats were always filled, showing so plainly the desire of those present to really hear what was said.

Of course, when there is a capacity audience, all one can do is to accept conditions, whatever they may be, but often the room or hall is much too large for the audience, which, if it be scattered is one most difficult to address. The necessity for raising the voice, keeping it raised in order that those in the rear may hear, and turning the head frequently to try and include those seated at the sides—and sometimes even behind the speaker—should be obviated whenever possible by the audience being seated in a compact body at the front. Therefore, the room selected should be as near the size required for the expected audience as can be determined; it should be ventilated and free from drafts, which might detract attention from the speaker, and the temperature should be given due consideration. To avoid the confusion caused by late comers, the entrance should be back of the audience. For the comfort of the speaker, a chair, sufficient light, and a table or stand on which papers may be placed, should be provided.

Many times, dignity would be added to the occasion if the one who introduces the speaker, something, by the way, which should never be omitted, would sit facing the audience, and near by.

It is possible that even though all these details have received attention, an audience may feel at liberty to sit where it pleases, but many times an usher may be able to see that the front seats are occupied.

As I write this it all seems so simple as to be unworthy of space, but I can assure you that more than once I have known both audience and speaker to be uncomfortable through neglect of these arrangements.

Ohio.

G. A.

AN EMERGENCY CASE

DEAR EDITOR: The case of which I wish to tell you was at Glyndon, Minnesota, several miles out of town, where the prairie meets the horizon in every direction. The attending physician met me with his auto in Fargo, and while going to the home the doctor was preparing me for what I was going to get into, but to the worst things he would mention, I always said, "I don't mind."

We arrived at the home about 8.30 p.m. and had to enter by way of the kitchen, as the other outside doors are usually stuffed with rags in the winter to keep out the blessed and wonderful fresh air. The family was sitting in the kitchen, rather, a combination of living room, dining room and kitchen. Such gloom and dismal atmosphere I hope never to come in contact with again. The first words that reached our ears were, 'Our little Edith is dead.'

On opening the door of the next room, I got the foul odor of diphtheria, and I saw two children lying on the floor on a bed of old, soiled quilts and coats, with swollen throats and staring eyes and the grey diphtheria membrane extending from their noses. On entering another room, we found the warm dead body of little Edith with golden curls. The room was in a terribly disordered condition. And while all this was taking place, the mother of the three children was in the Rochester, Minnesota, Hospital with very badly swollen limbs, in a nervous condition entirely uncontrollable.

Of course the first thing we did was to administer the life saving antitoxin, then by putting two boards over the bath tub, we wrapped Edith in a bichloride sheet; took off the storm windows in the bath room and left her to be put in her coffin on the morrow and the coffin removed through the same window.

By that time a housekeeper, a neighbor woman had arrived, as the family were "batching" while the mother was in the hospital. Between the doctor and myself we managed to get two beds put in order to rest our Klebs-Loefer bacillus victims. The children were carefully watched during the night and for several nights afterwards, until we noticed the slow disappearance of the diphtheria membrane. I spent five weeks in the home. The last day there, the mother arrived, staying at the home of her mother. As the little patients began to relish their food, the roguish little boy was ravenously hungry. He would never ask me for a second helping, but by saying "Miss McTarty, all gone mush," or, "Miss McTarty, all gone chicken," he would win me every time.

Little Pearl sent me her photo for Christmas in 1915 and she was an entirely different girl from what she was when I first met her.

North Dakota.

M. M.